

POSITION	INITIALS	ID N .	DATE
FEE DETERMINATI N	PS	66626	1/24
O.I.P.E. CLASSIFIER		16	24.00
FORMALITY REVIEW	DMK	64169	2-18-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
10	5
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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